FEC FORM 1		_	EMENT ANIZATI	- L	OS YAM EIB LAM DEN	CENTER Office Use Only
NAME OF COMMITTEE (ir	n full)	(Check if is change		ample:If typing, type er the lines.	12FE4M	5
Cardinal B	ank P	olițical Ac	ion Com	mittee		
	1111		1 1 1 1 1	<u> </u>		
ADDRESS (number a	nd street)	8270 Gre	eensbord	Drive		
(Check if address is changed)		Suite 50)	L.		
		McLean			VΑ	22102
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide	only one e-mail a	ddress)		
				cardinalba	nk.com	
(Check if address is changed)						
COMMITTEE'S WEB	address	DRESS (URL)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
2. DATE Ö Ş	<u>7</u> / [15	" <mark>2013</mark>	<u> </u>			,
3. FEC IDENTIFIC	CATION NU	JMBER			· · ·	
4. IS THIS STATE	MENT X	NEW (N)	OR [AMENDED (A)		
I certify that I have o	examined th	is Statement and t	o the best of my	knowledge and belief	it is true, correc	ct and complete.
Type or Print Name	of Treasure	Jennife	r L. Dead	con		
Signature of Treasure	er £	Payo		·	Date 05	7 15 (2013)
NOTE: Submission of				ubject the person signing		to the penalties of 2 U.S.C. §437g.
Office Use				For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	_	m 1 (Revised 02/2009)	Page 2
	TYPE OF C	OMMITTEE Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
	Name of Candidate		
	Candidate Party Affiliatio	Office Sought: House Senate President	State District
((c) .	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com		
((d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
-	Political A	ction Committee (PAC):	
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
_	Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(1	h) 📗	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
			<u> </u>
	1.		
	2.	FEC ID number C	
	3.	FEC ID number	
	4.		المستحدث مستحدث مستحدث المستحدث

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FEC Form 1 (Revis		Page 3			
Write or Type Committee Name					
Cardinal Bank Political Action Committee					
6. Name of Any Connected Organization, Affiliated Committee, Jomt Fundraising Representative, or Leadership PAC Sponsor					
Cardinal Bank	(<u> </u>			
	1 1 1 1 1 1 1 1 1 1				
Mailing Address	[8270] Greensboro Drive				
	Suite 500				
	McLean	22102 -			
	CITY STATE	ZIP CODE			
Balational III	ected Organization Affiliated Committee Joint Fundraising Represent	ativa			
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor			
					
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the p	person in possession of committee			
la	miford Docom				
Full Name	nifer L. Deacon				
Mailing Address	c/o Cardinal Bank				
	8270 Greensboro Drive, Suite 500	 			
	∣McLean , , , , , , , , , , , , , , , , , , ,	₁ 22102 ₋ , , ,			
Title or Decition		7/0.0005			
Title or Position	CITY STATE	ZIP CODE			
Treasurer	Telephone number	03, _ 584, _ 3496			
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee e.g., assistant treasurer).	e; and the name and address of			
Full Name . Ion	nifer L. Deacon				
of Treasurer					
Mailing Address	c/o Cardinal Bank				
	8270 Greensboro Drive, Suite 500				
	(McLean VA)	22102			
Tiste or Decision	CITY STATE	ZIP CODE			
Title or Position	Telephone number	03, ₋ 584, ₋ 3496 ,			
		total Labertal			

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Full Name of Designated Agent	1		
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone nu	mber	
Name of Bank, Mailing Address	Cardinal Bank	<u> </u>	
	Suite 100		
	McLean, , , , , , , , , , , , , , , , , , ,	VĄ J	22102,
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
		1 1 1 1	
Mailing Addres:			
Mailing Address			
Mailing Address			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 5/20/12 PREPARER DATE PREPARED

(3/2005)